



NATIONAL DISASTER LIFE SUPPORT REGISTRATION FORM

Course: BDLS

Instructor/Terry Meissner

Location: Presented via WebEx - Helena Montana

Date(s) (circle one): **January 6 8 13 15**
 March 10 12 17 19

Time(s): 7 P.M. to 9 P.M.

YOU MUST ATTEND ALL FOUR SESSIONS TO RECEIVE A CERTIFICATE !!!

Last Name

First Name:

MI:

Degree: (Check one)

MD ☐ PhD ☐ Pharmacist ☐ RN ☐ LPN ☐ EMT ☐ EMT-P ☐ Other: ☐ _____

Specialty:

Organization:

Email Address:

- (E-mail address **MUST** be legible, course information is provided by e-mail)

Home Address:

- **Must have a physical mailing address for mailing of student manuals (No PO Box)**

City

State

Zip

Phone #

I would be interested in the Advanced Disaster Life Support Course

May 2015 Yes ☐ No ☐

Return to Dayle Perrin, PO Box 202951, Helena, MT 59620

FAX to **444-3044**

Internet access & hardwired phone required